

ERCM: School Crisis Recovery



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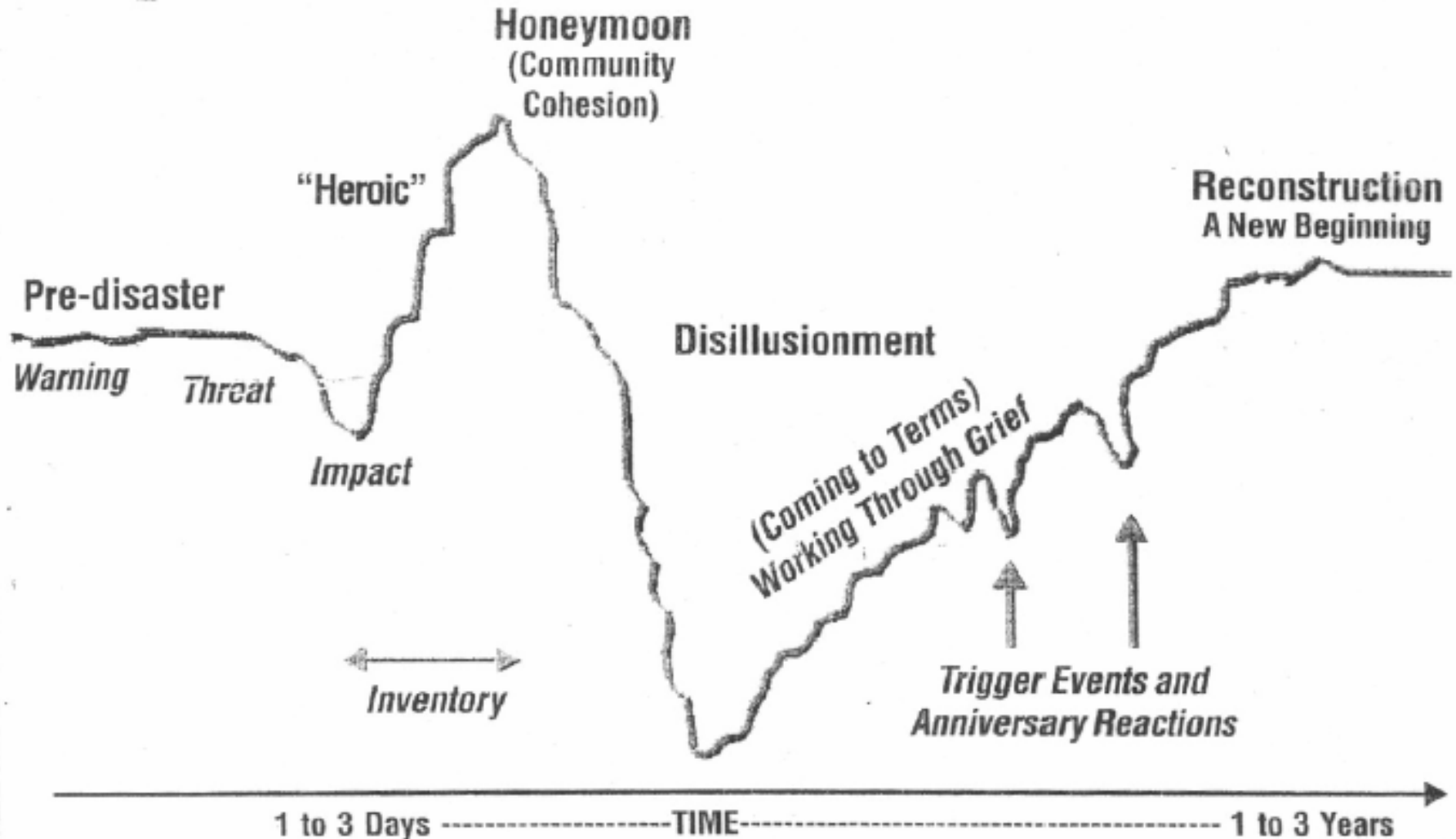
Director, Crisis Counseling and Intervention Services

Los Angeles Unified School District

Director, Trauma Services Adaptation Center for Schools

National Child Traumatic Stress Network/SAMHSA

Psychological Reactions to Disaster



How Does a School Begin to Recover?

**It begins with student
and teacher
perceptions of
renewed security.**

Terror in School and Community

May 1927: Bath, MI

Jan 1979: San Diego, CA

Feb 1984: Los Angeles, CA

May 1992: Yuba, CA

Jan 1993: Grayson, KY

Jan 1993: Los Angeles, CA

Feb 1993: Los Angeles, CA

Apr 1993: Sheridan, WY

Feb 1994: Fort Meyers, FL

May 1994: Union, KY

Jan 1995: Redlands, CA

Nov 1995: Lynnville, TN

Feb 1996: Moses Lake, WA

Feb 1997: Bethel, AK

Oct 1997: Pearl, MS

Dec 1997: Paducah, KY

Terror in School and Community

Feb 1998: Hoboken, NJ

Mar 1998: Jonesboro, AR

Apr 1998: Edinboro, PA

Apr 1998: Pomona, CA

May 1998: Houston, TX

May 1998: Fayetteville, TN

May 1998: Springfield, OR

June 1998: Richmond, VA

Apr 1999: Taber, Canada

May 1999: Conyers, GA

Aug 1999: Valley Jewish
Community Center, Granada Hills,
CA

Nov 1999: Deming, NM

Dec 1999: Fort Gibson, OK

Feb 2000: West Palm Beach, FL

Jan 2001: Oxnard, CA

March 2001: Santee, CA

March 2001: El Cajon, CA

March 2001: Gary, IN



*We will never
miss you*

*forget you
forgot you*

*Columbine High School
Columbine High School*

Trauma Interferes with a Sense of Safety

What is TRAUMA?

- Trauma is an acute stress response that one experiences when confronted with a **sudden, unexpected, and unusual human experience.**
- Trauma occurs because the event **poses a serious threat to the individual's life** or physical integrity, or to the life of a family member or close friend, or to one's surrounding environment.
- Individuals who may have witnessed the event are also at risk to develop a trauma stress response.

Rationale/Need for Recovery Services

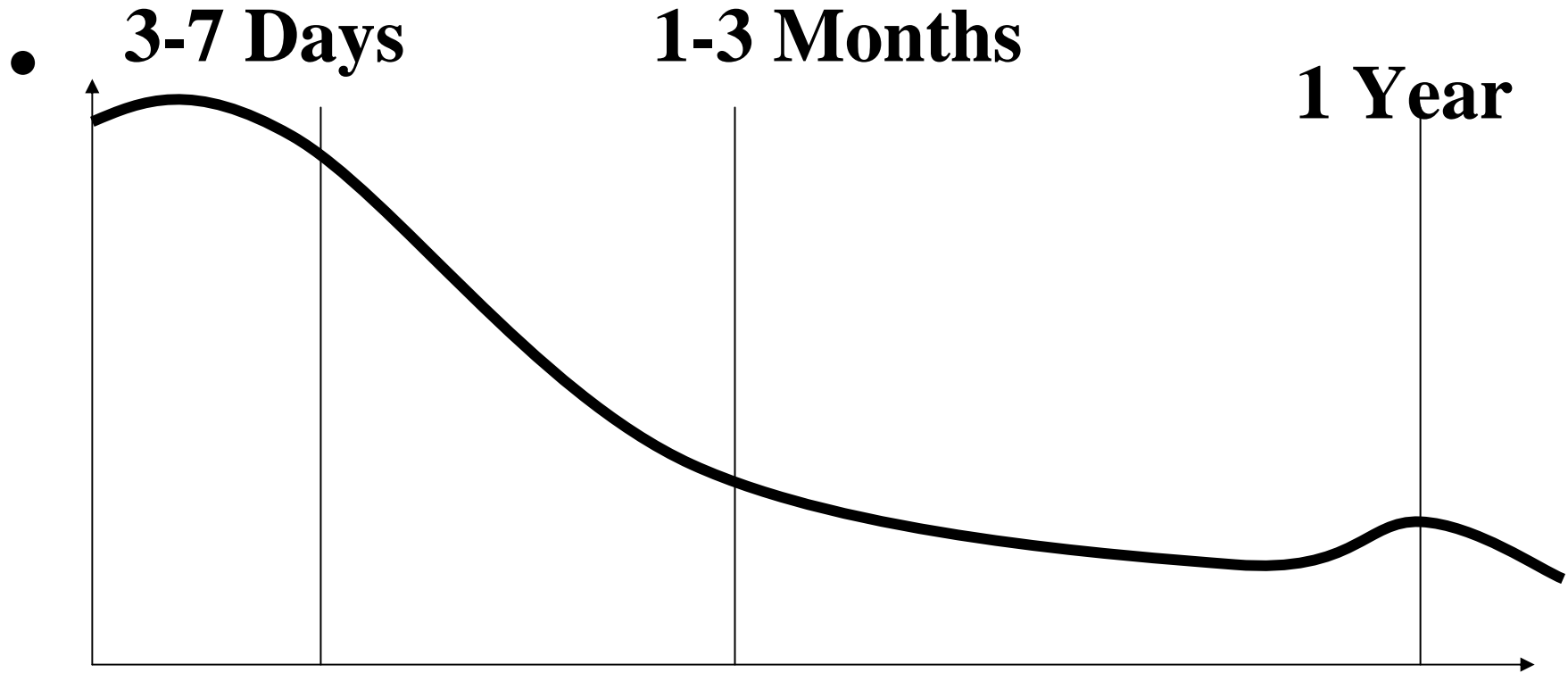
Trauma Creates Barriers to Learning

- Physical Changes
- Emotional Changes
- Cognitive Changes
- Behavioral Changes
- Spiritual Changes



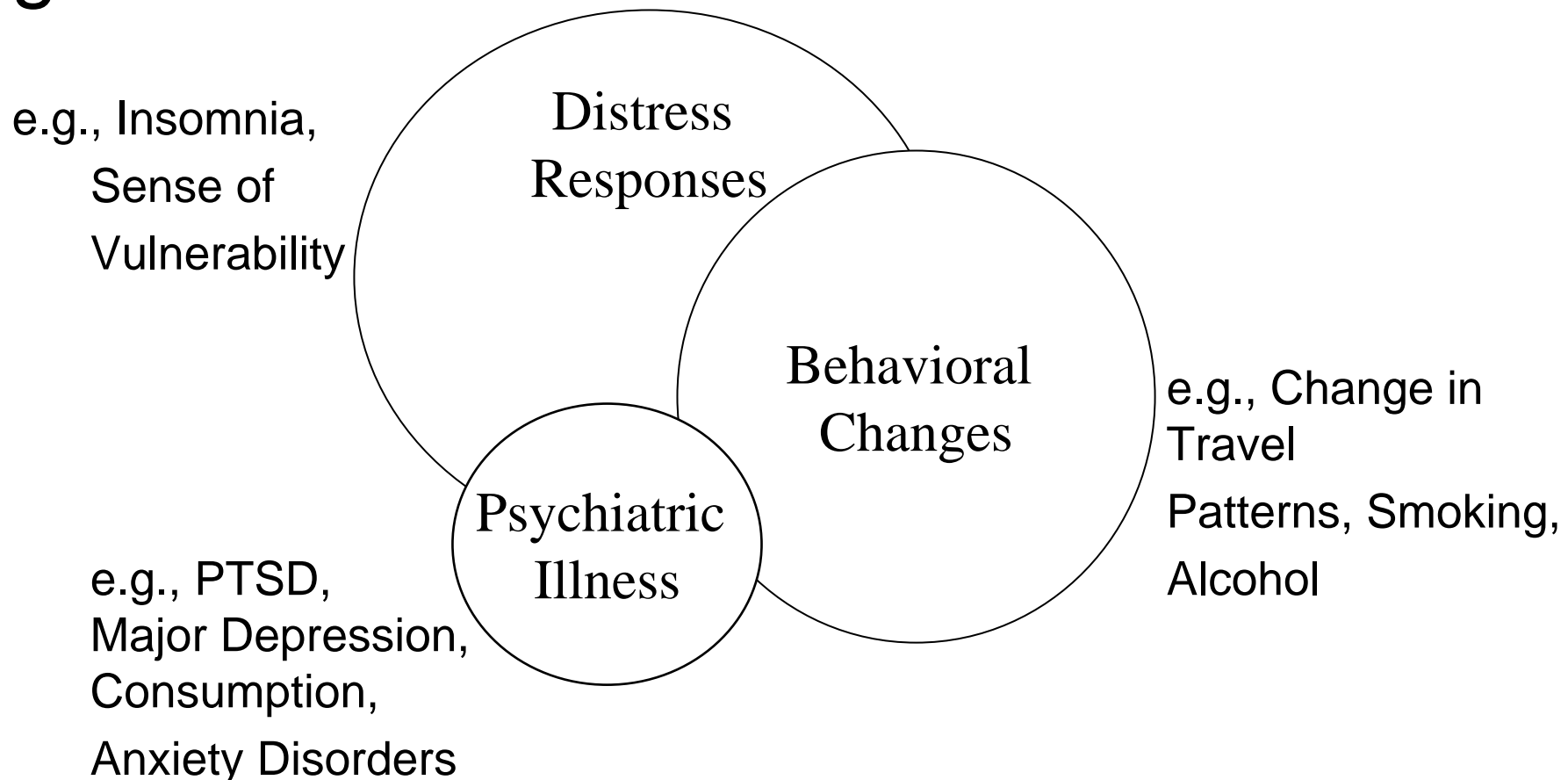
Understanding the Components of Recovery

Students with Significant Post-traumatic Stress Symptoms After an Event



Institute of Medicine Report - ***Preparing for the Psychological Consequences of Terrorism***

Range of emotional, behavioral, and cognitive effects



Planning For School Crisis Recovery

Selecting and Training Crisis Team Members

An Interdisciplinary Crisis Recovery Team

Who Should be on the Crisis Team?

- Principal selects the school crisis team members
- Team members can be:
 - **School psychologist**
 - **School counselor**
 - **School nurse**
 - **Psychiatric social worker**
 - **Custodian**
 - **Welfare and attendance counselor**
 - **School resource officer**
 - **Administrators**
 - **Secretaries**
 - **Other support staff**

Desirable Qualities for Crisis Team Members

A sense of responsibility beyond routine:

- Ability to establish rapport quickly
- Ability to listen to difficult feelings and experiences of others
- Clear about feelings, thoughts, and biases
- Ability to maintain confidentiality
- Aware of limitations
- Aware of the need for self care

The Objective of the Recovery Phase: Restore the Learning Environment

- Act to re-establish a sense of emotional safety
- Return the school to calm routine/schedule
- Assist with coping and understanding of reactions to danger and traumatic stress
- Support the emotional stabilization of teachers and parents

Setting Up a Crisis Counseling Room

- Utilize school referral procedures
- Limit time with student to one class period
- Identify yourself as a member of the regional crisis team and state that you are there to listen, understand, and to support the student in school
- Ask the student to tell you his or her story
- You have a guiding role to help the student make sense of their experience, reduce their stress, and remain in school

Common Action Steps to School Recovery

- Provide accurate information/ psychoeducation
- Triage and assess
- Make individual and group crisis counseling available during the first week after a crisis event
- Prepare for 3 levels of intervention
- Follow-up – be aware of secondary adversities

Symptoms of Traumatic Stress

- Difficulty concentrating
- Difficulty sleeping or staying asleep
- Recurring traumatic images
- Hypervigilance
- Fear of recurrence
- Avoidance of and reactions to traumatic reminders

3 Broad Categories of Response

Symptoms must be present for **at least 1 month** and must cause significant distress or **impairment in functioning**

- **Reexperiencing:** distressing memories of the event; traumatic dreams or nightmares, acting or feeling as if the trauma were recurring
- **Avoidance/numbing:** diminished interest or participation in normal activities; feeling detached or estranged from others
- **Increased arousal:** sleep difficulties, irritability; angry outbursts; difficulty concentrating; hypervigilance; exaggerated startle response

Fear of Reoccurrence/Separation Anxiety General Anxiety/Regressive Behaviors

- Physical complaints
- Wanting to be alone/withdrawal
- Anger/irritability/crying uncontrollably
- Lack of concentration
- Misbehavior at school
- Sleeping in the classroom
- Eating problems
- Use of drugs or alcohol
- Feelings of helplessness

How do you determine exposure? TRIAGE

Physical proximity

Emotional proximity

Similar previous experience

Fragile personality

History of emotional disturbance

Triage Questions

- Where were you when the incident occurred?
- If you did not see what happened, what were you told?
- What is the most difficult part of this experience for you?
- Do you or your friends have disturbing thoughts about the incident, can't eat or sleep, or have thoughts about harming yourself?

Multi-Level Intervention Options

Tier 1 – General School-Based Interventions

Psychoeducation, Triage and assessment

Supportive environment

Tier 2 – School-Based Interventions

Trauma and grief - Focused counseling

Short-term group or individual counseling

Tier 3 – Specialized Community-Based Interventions

Referral to on or off-site mental health services

Example of Tier 2 School-Based Intervention: **Cognitive Behavioral Intervention for** **Trauma in Schools - CBITS**

Evidence based

Trauma and grief - focused

Short-term group or individual counseling

10 sessions

Developed in schools for school use by

Dr. Lisa Jaycox, RAND

CBITS MANUAL

For More Information About the CBITS Manual Contact:

- Sopris West Educational Services
Longmont, Colorado
(303) 651-2829

Sopriswest.com

www.sopriswest.com

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333 S. Beaudry, 20th Floor, LA CA 90017
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Evaluating Your Efforts

Desirable Outcomes of Crisis Interventions

- Monitor average daily attendance (ADA)
 - Station a crisis counselor in the attendance office
- Monitor office referrals
- Maintain academic achievement
 - Look at grades and standardized tests
- Monitor expulsions/suspensions/risk taking behaviors

War in America - September 11, 2001

8 million witnesses to violence in NYC

1.2 million students in the New York City Public Schools



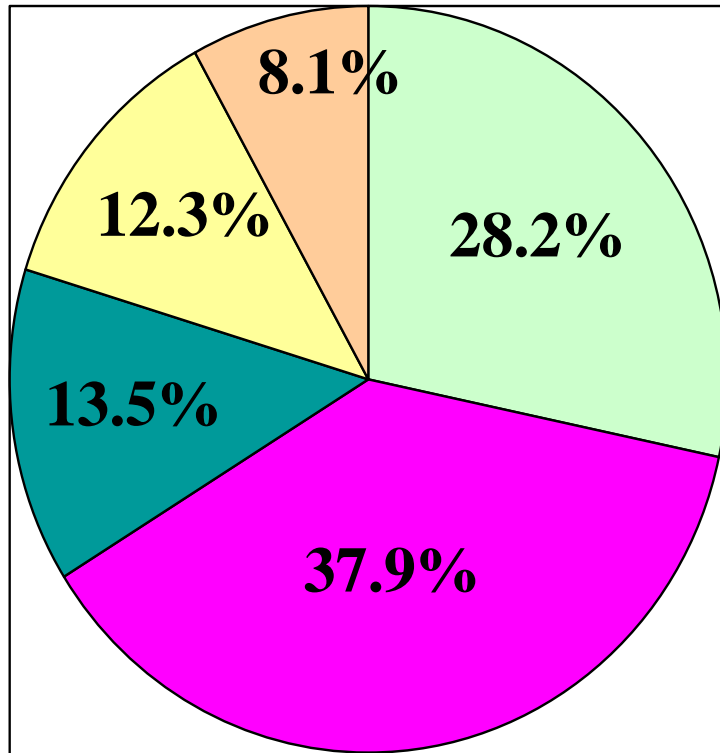
Preliminary Report to the Board of Education

*On the World Trade
Center Attack on
NYC Public School
Students*

Gender and Ethnicity of NYC School Survey Participants Grades 4-12

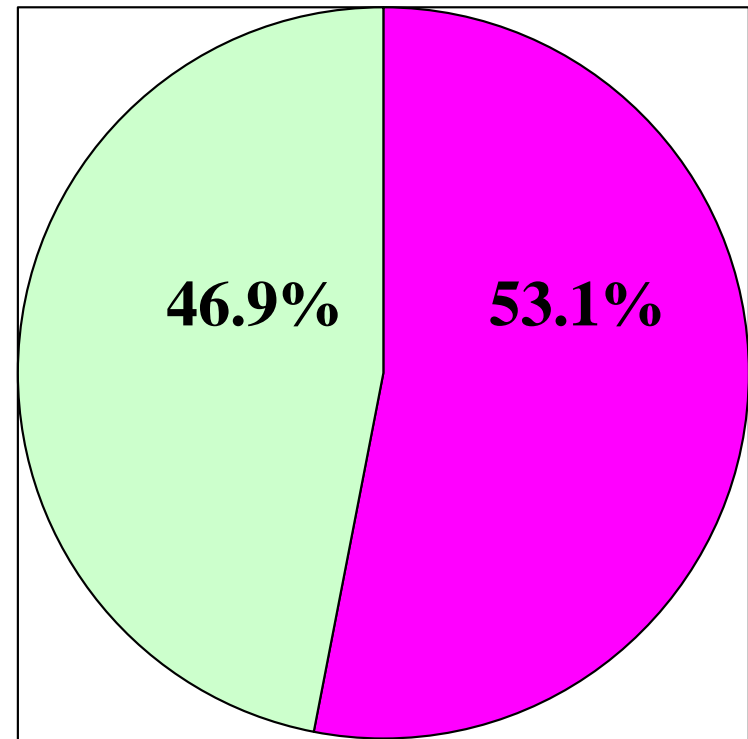
(N = 8,266)

Ethnicity



■ African-American	■ Hispanic
■ White	■ Asian
■ Other/Mixed	

Gender



■ Female	■ Male
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Numbers of NYC Students in Grades 4-12 Estimated to Have a Probable Disorder with Impairment 6 Months After the 9/11 Attack

Disorder	Rate	Estimated # of Students
PTSD	10.5	75,176
Major Depression	8.4	60,141
Generalized Anxiety	10.3	73,744
Separation Anxiety	12.3	88,064
Conduct Disorder	10.9	78,040
Panic Disorder	9.3	66,585
Agoraphobia	15.0	107.395
Any of the Above Disorders	26.5	189,731

Link between Violence Exposure and Chronic PTSD with:

- Substance abuse
- Reckless behavior
- High-risk sexual behavior
- Gang participation
- Disturbances in academic functioning

(Kilpatrick, Saunders & Resick, 1998)

Violence and Trauma Affects School Performance

Children with life threatening violence exposure

- Lower GPA
- More negative comments in permanent record
- More absences

Children with Depression and Posttraumatic Stress Disorder

- Even lower GPA
- More absences

Schools are Human Systems

Is it an open or closed “Family System?”

How did it deal with human problems and conflicts?

How is it affected by trauma?

What is the message of leadership?

- Letters to parents

- Communication with students

How quickly can it convert to emergency operations?

Dr. Pamela Cantor, Children's Mental Health Alliance, New York

- “The shock, trauma and complexity of our societies don’t permit the establishment of working alliances within 60 days. This was the most significant limiting factor in mobilizing an effective response in New York [...] schools and communities (must) know that collaborative relationships need to be forged, meetings held, and procedures developed well before an event occurs and the immediate phase begins.”

Traumatic stress
affects both
victims and
caregivers.



Disaster Despair

- Ultimate death
- Freedom to live as we will it
- Existential loneliness
- Loss or absence of meaning or sense to life

Compassion Fatigue

“There is a cost to caring. We professionals who are paid to listen to the stories of fear, pain, and suffering of others may feel, ourselves, similar fear, pain and suffering because we care.”

“Compassion fatigue is the emotional residue of exposure to working with the suffering, particularly those suffering from the consequences of traumatic events.”

Charles R. Figley, Ph.D.

IN SUMMARY

From the Field of Brain Research

In order for children to learn...

- Eliminate threat from the environment
- Eliminate threat from children's hearts and minds
- Enrich the learning environment

Sometimes a Crisis Becomes an Opportunity to Make Things Better

- What kinds of programs and services could address some of the long term issues?
- Who are the community partners, including service agencies, faith based and self-help groups who might be able to support kids?
- What kinds of in-school programs and curricula could be enhanced to teach coping and problem solving skills to students?